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## **BEST AVAILABLE IMAGES**

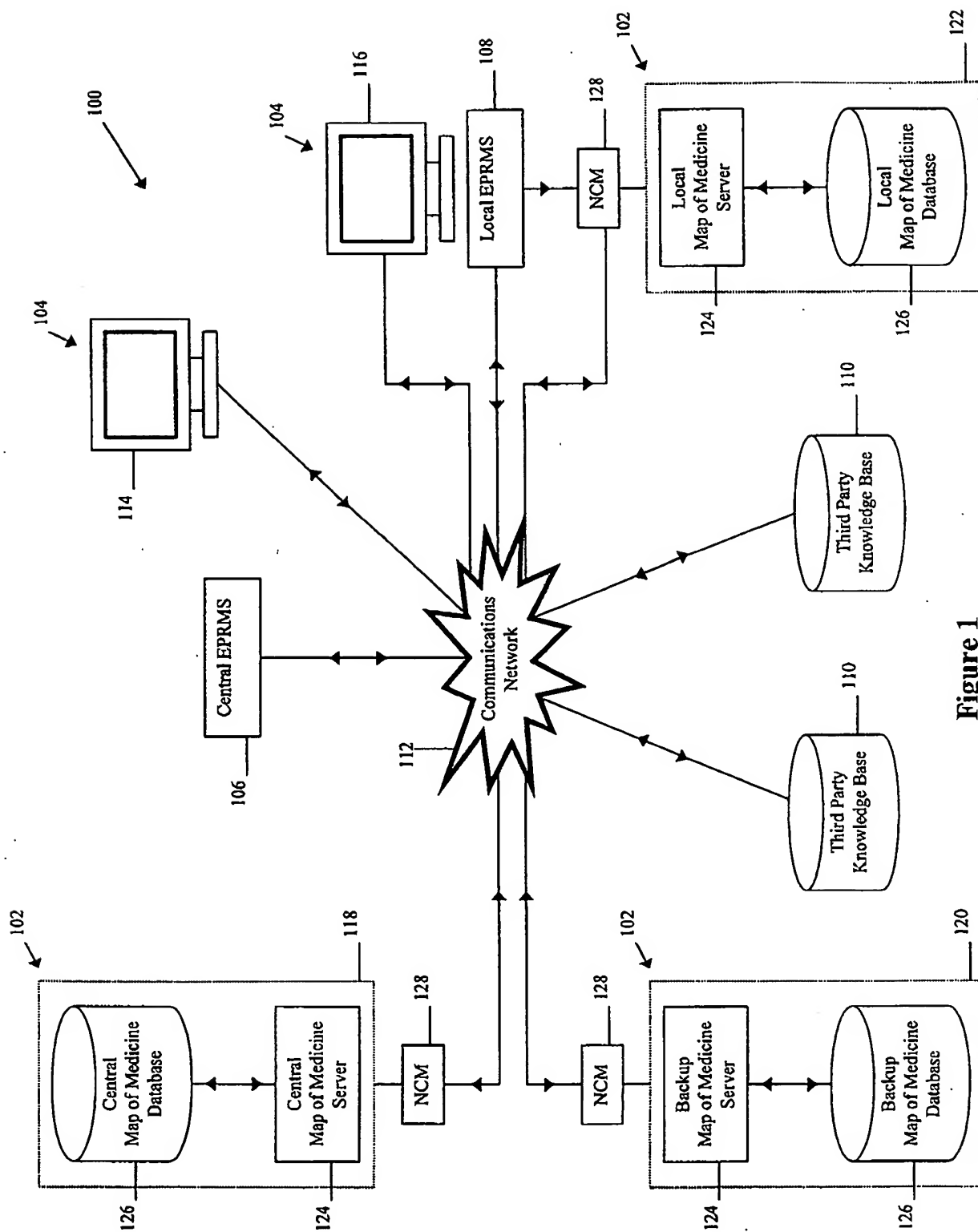
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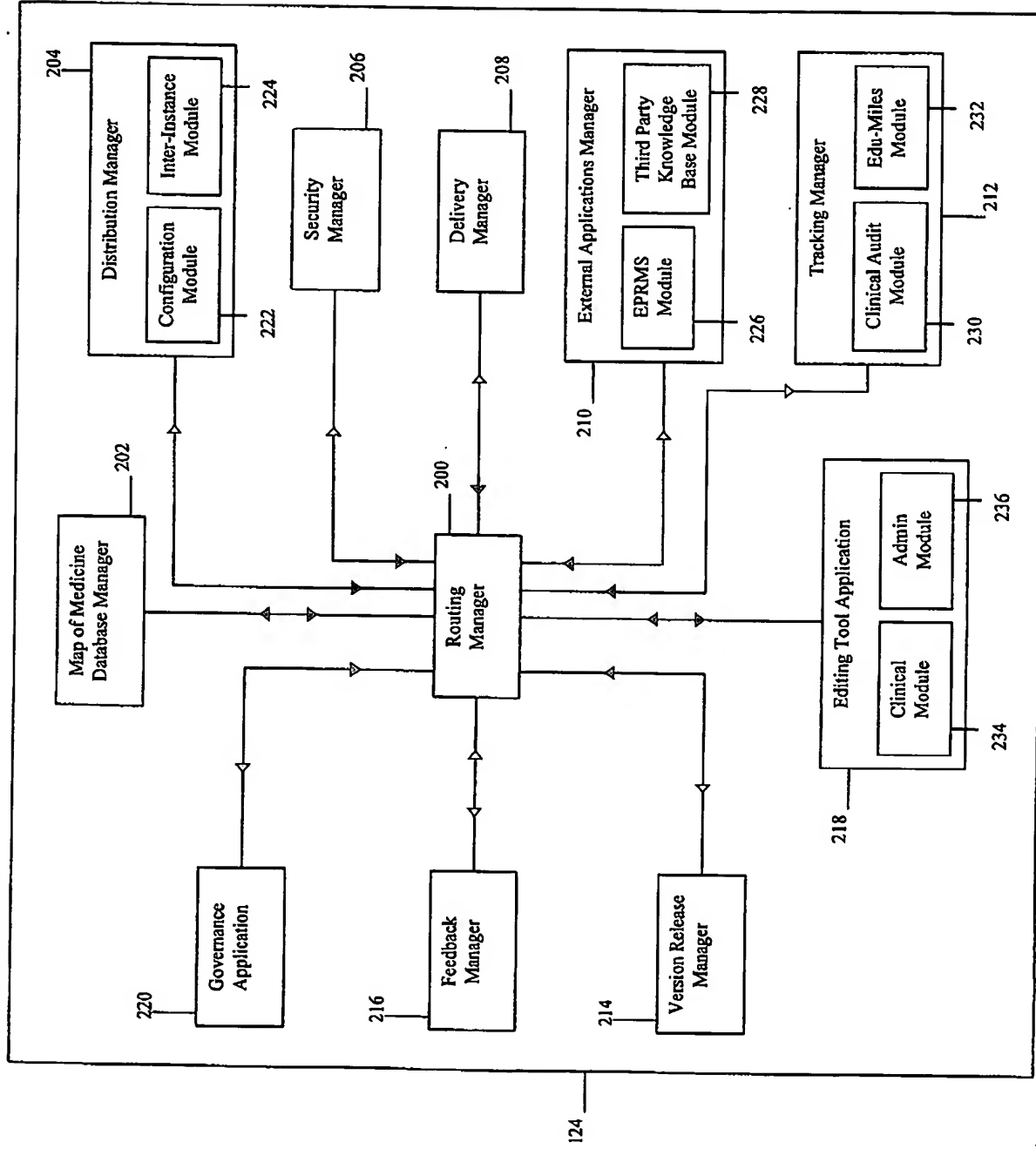
- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

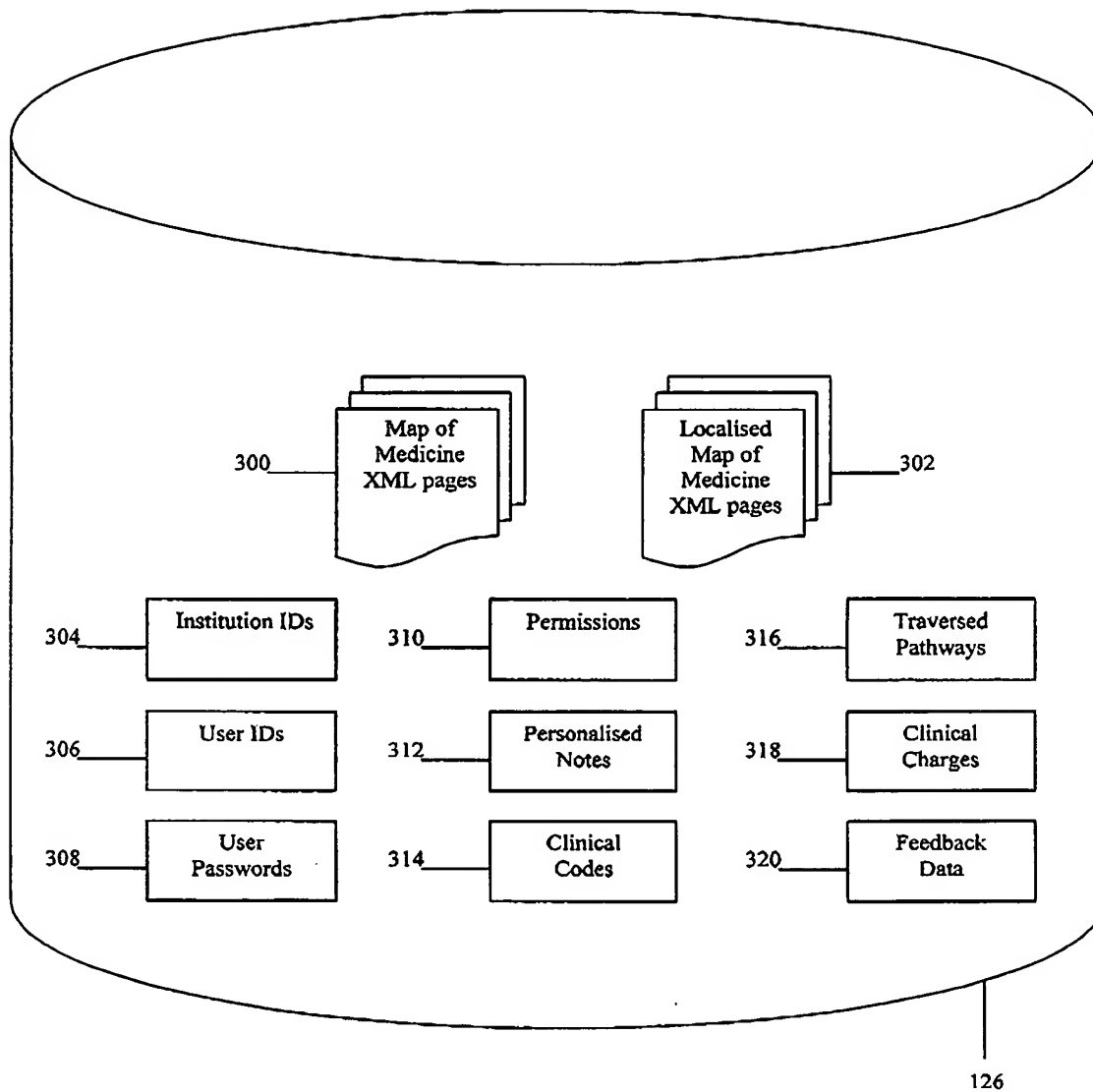
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**Figure 1**



**Figure 2**



**Figure 3**

4



In all the following EPRMS pages information would be shown in this area including: identifying the patient and providing navigation and action functionality relating to the EPR (eg, to other views of the EPR data).

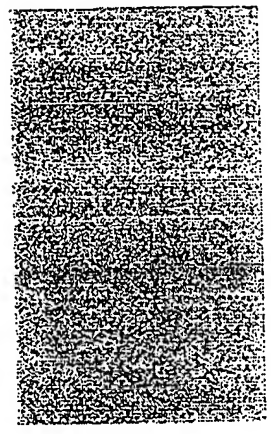
402

404

1. Enter problem

408

Suspected colorectal cancer



406

2. Select protocol

Recommended

410

Suspected colorectal cancer

Alternatives

412

Colon cancer

Rectal cancer

414

NEXT

Figure 4a

402

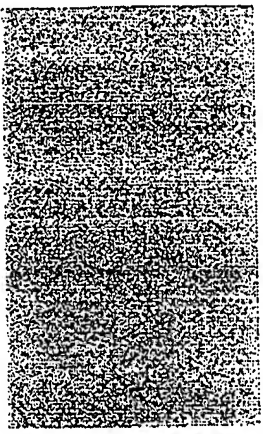
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404

408

1. Enter problem

Suspected colorectal cancer



406

2. Select protocol

410

Recommended

Suspected colorectal cancer

Alternatives

412

Colon cancer  
Rectal cancer

412

NEXT

Figure 4a

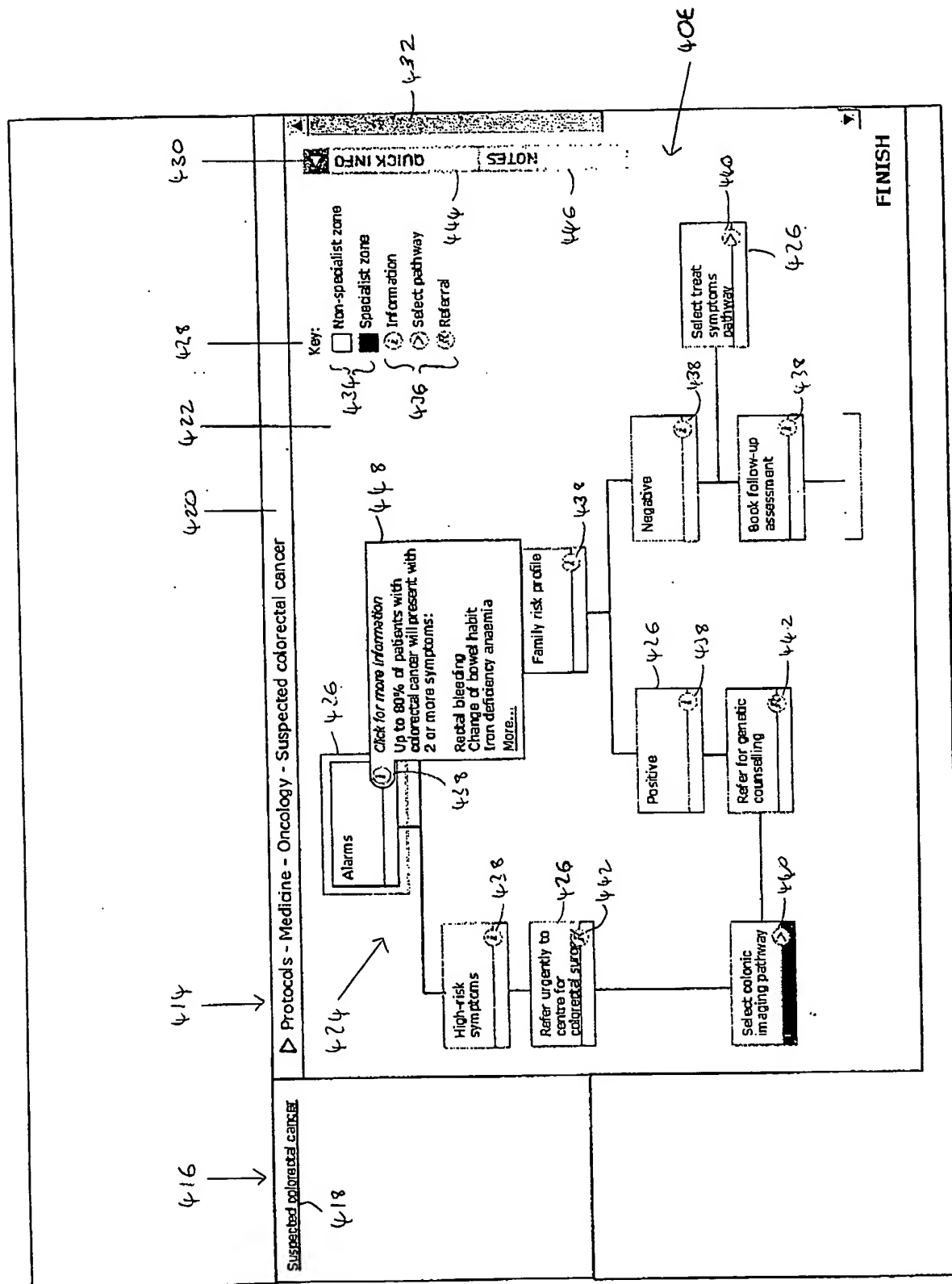
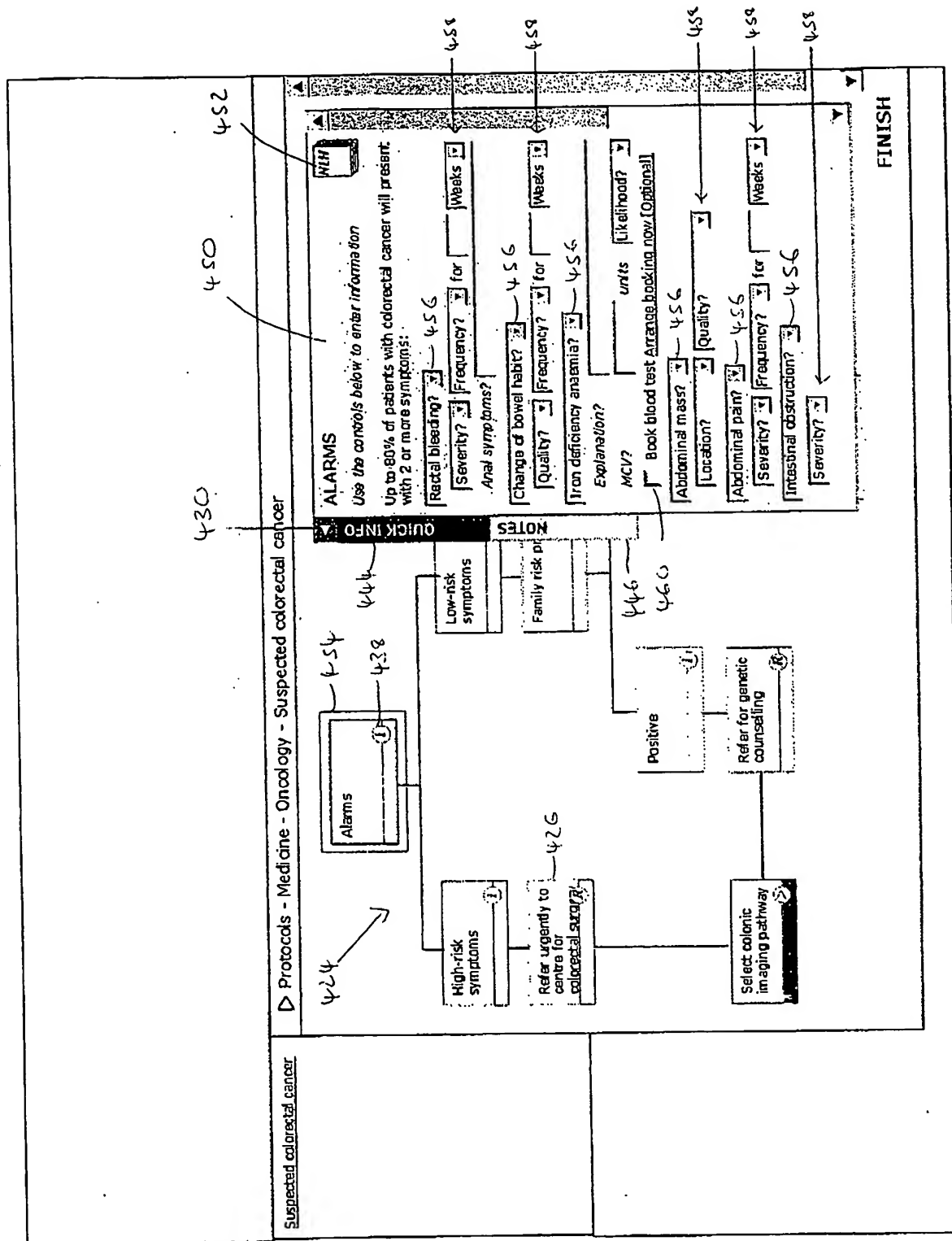
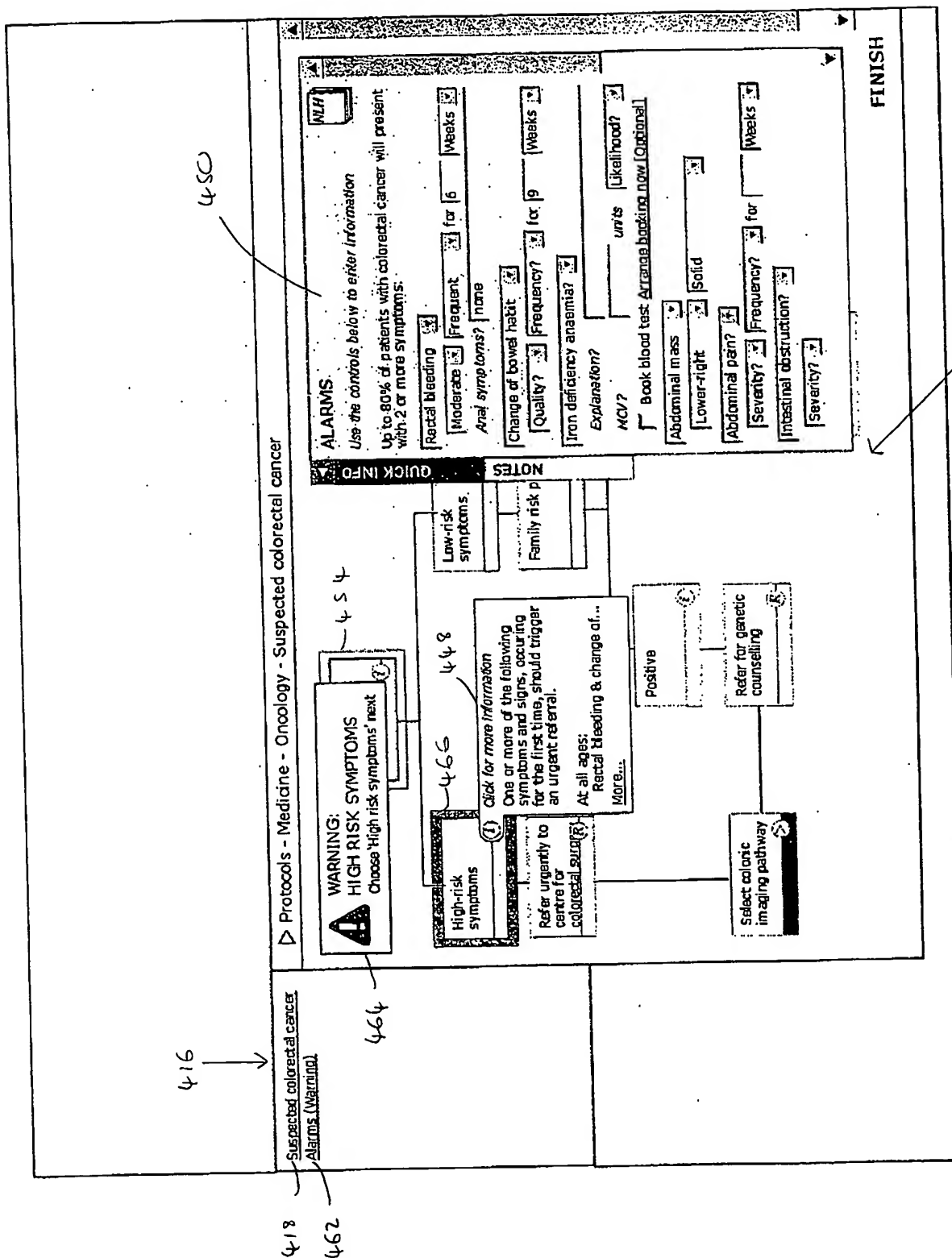


Figure 4b







416 →

Suspected colorectal cancer  
Alarms (Warning)

430

424 →

Alarms

466

462

442

High-risk symptoms

Refer urgently to centre for colorectal surgery

Low-risk symptoms

Family risk profile

Positive

Refer for genetic counselling

Select colonic imaging pathway

424

466

462

442

High-risk symptoms

Refer urgently to centre for colorectal surgery

Low-risk symptoms

Family risk profile

Positive

Refer for genetic counselling

Select colonic imaging pathway

Protocols - Medicine - Oncology - Suspected colorectal cancer

**QUICK INFO**

At all ages:

☒ Rectal bleeding & change of bowel habit (looser stools and/or increased frequency) present for at least 6 weeks

Rectal bleeding:  Frequent  for  6  Weeks

Change of bowel habit:  Frequent  for  9  Weeks

Abdominal pain & change of bowel habit:  Frequent  for  9  Weeks

Abdominal pain:  Frequent  for  9  Weeks

Change of bowel habit:  Frequent  for  9  Weeks

Readily palpable right iliac fossa mass?

Abdominal mass:

**HIGH RISK SYMPTOMS**

Check the boxes which match your observations

One or more of the following symptoms and signs, occurring for the first time, should trigger an urgent referral.

At all ages:

☒ Rectal bleeding & change of bowel habit (looser stools and/or increased frequency) present for at least 6 weeks

Rectal bleeding:  Frequent  for  6  Weeks

Change of bowel habit:  Frequent  for  9  Weeks

Abdominal pain & change of bowel habit:  Frequent  for  9  Weeks

Abdominal pain:  Frequent  for  9  Weeks

Change of bowel habit:  Frequent  for  9  Weeks

Readily palpable right iliac fossa mass?

Abdominal mass:

Figure 4e

416

↓

414

↓

470

↓

**Suspected colorectal cancer**  
**Alarms (Warning)**  
**Referral to centre for colorectal cancer (Urgent)**

### Referral to centre for colorectal cancer

**Patient details**

Last name:

First name:

[More info...](#)

**Referring doctor**

Last name:

First name:

Title:

[More info...](#)

**Referring to**

Centre:

Dept.:

To:

[More info...](#)

**Medical context**

Reason for referral:

Additional information:

Priority:

*An urgent referral will be processed within the 2 week standard*

**Referral information**

Rectal bleeding:  for  weeks

Anal symptoms?

Change of bowel habit:  for  weeks

406

←

Figure 4f

medic-to-medic

Homepage (R1p)

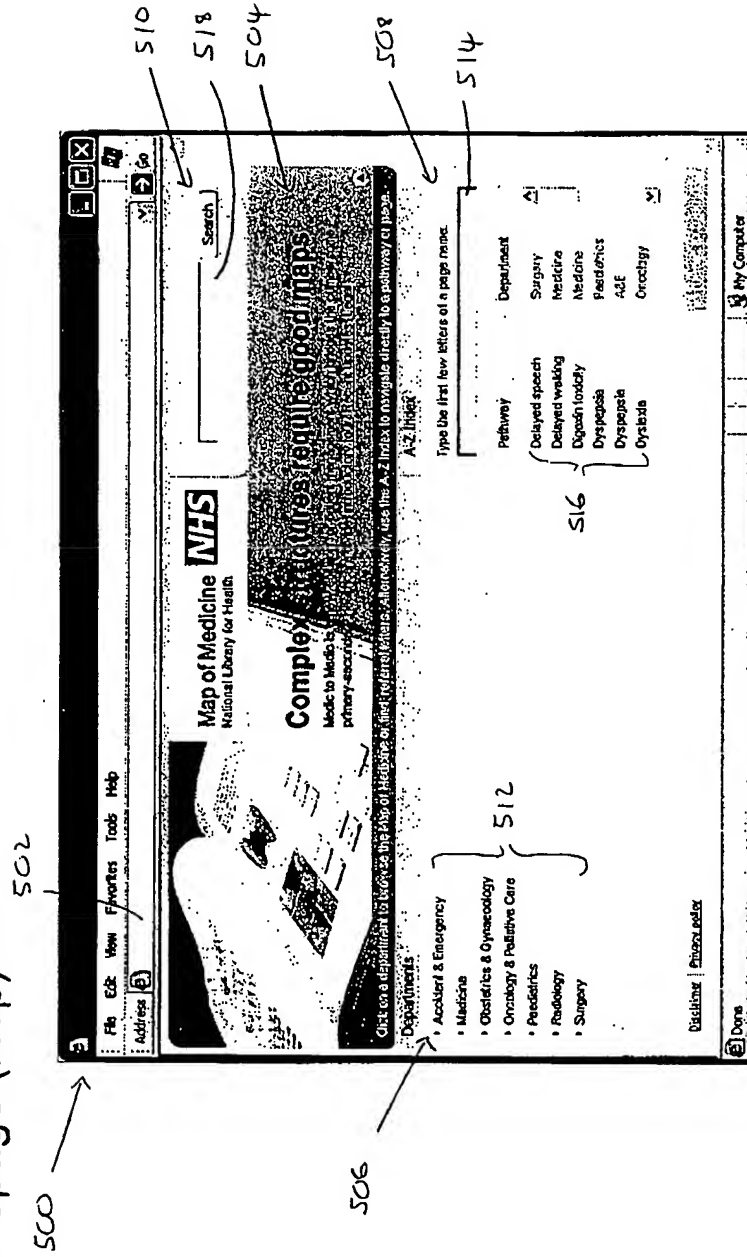


Figure 5a

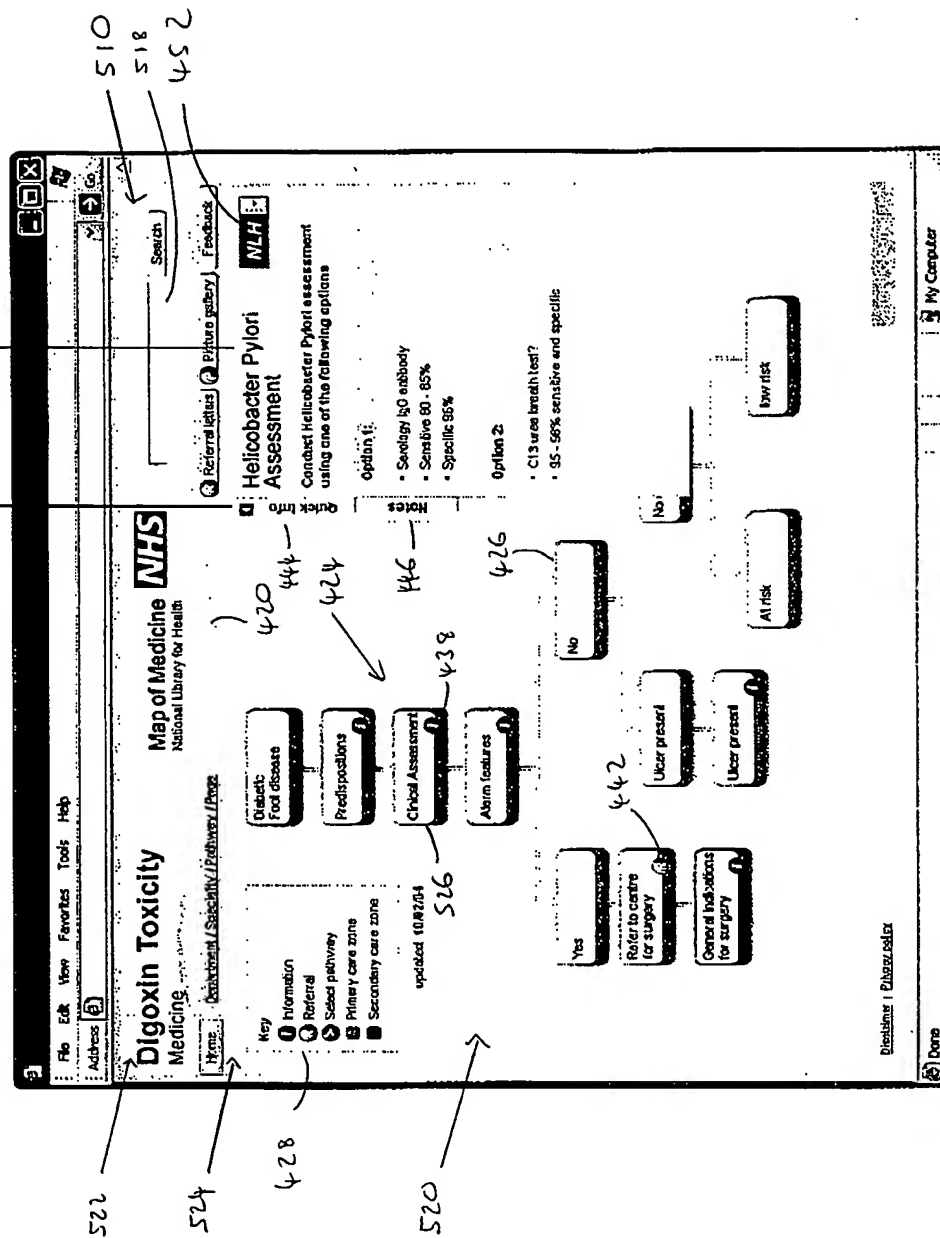


Figure 5b

# NeLH knowledge search (2)

medic-to-medic

The screenshot shows the NeLH knowledge search interface. At the top, there is a search bar with the text 'Digoxin Toxicity' and a 'Search' button. Below the search bar, there are several tabs: 'Home', 'Diagnostics / Severity / Pathway / Page', 'Map of Medicine', and 'NHS National Library for Health'. The 'Home' tab is selected.

On the left side, there is a 'Key' section with the following items:

- Information
- Referral
- Selected pathway
- Primary care zone
- Secondary care zone

Below the 'Key' section, there is a 'Diagnosis' section with the following items:

- Diabetic Foot disease
- Predspoonings
- Clinical Assessment
- Alarm features

On the right side, there is a 'Search' section with the following items:

- Search
- Search for:
- Text of SNOWED CT: xxxxxxxx
- Text eqn. of SNOWED code
- Text eqn. of SNOWED code
- Text eqn. of SNOWED code
- Text eqn. of SNOWED code
- Add more search terms (optional)

At the bottom of the search section, there are several buttons: 'Yes', 'No', 'Refer to centre for surgery', 'General indicators for surgery', 'Ulcer present', 'Ulcer present', 'At risk', and 'Low risk'.

Handwritten annotations on the screenshot include:

- 'S34' pointing to the 'Search' button.
- 'S28' pointing to the 'Search for:' label.
- 'S30' pointing to the 'Text of SNOWED CT: xxxxxxxx' field.
- 'S32' pointing to the 'Add more search terms (optional)' text.

Figure 5c

935

450

420

Quick Info		Notes																													
<h2>Helicobacter Pylori Assessment</h2> <p><b>NLH</b></p> <p>Conduct Helicobacter Pylori assessment using one of the following options</p>		<h2>Search results</h2> <p>TIP: Roll over the NLH icon to search again Refine Search</p> <p>You searched for: Helicobacter Pylori Assessment</p> <table border="1"> <thead> <tr> <th>Guidance</th> <th>Evidence</th> <th>Reference</th> <th>Patient</th> </tr> </thead> <tbody> <tr> <td> <b>Option 1:</b> <ul style="list-style-type: none"> <li>Serology IgG antibody</li> <li>Sensitive 80 - 85%</li> <li>Specific 96%</li> </ul> </td> <td> </td> <td>Match: 78% Updated: 24-03-04</td> <td></td> </tr> <tr> <td colspan="4">Standfirst or introduction for this item, usually a couple of pithy sentences explaining what the item is about.</td> </tr> <tr> <td colspan="4">Context / context / context / context</td> </tr> <tr> <td> <b>Option 2:</b> <ul style="list-style-type: none"> <li>C13 urea breath test?</li> <li>95 - 98% sensitive and specific</li> </ul> </td> <td> </td> <td>Match: 78% Updated: 24-03-04</td> <td></td> </tr> <tr> <td colspan="4">Standfirst or introduction for this item, usually a couple of pithy sentences explaining what the item is about.</td> </tr> <tr> <td colspan="4">Context / context / context / context</td> </tr> </tbody> </table>		Guidance	Evidence	Reference	Patient	<b>Option 1:</b> <ul style="list-style-type: none"> <li>Serology IgG antibody</li> <li>Sensitive 80 - 85%</li> <li>Specific 96%</li> </ul>		Match: 78% Updated: 24-03-04		Standfirst or introduction for this item, usually a couple of pithy sentences explaining what the item is about.				Context / context / context / context				<b>Option 2:</b> <ul style="list-style-type: none"> <li>C13 urea breath test?</li> <li>95 - 98% sensitive and specific</li> </ul>		Match: 78% Updated: 24-03-04		Standfirst or introduction for this item, usually a couple of pithy sentences explaining what the item is about.				Context / context / context / context			
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Sort results by:		My search options																													

Figure 5d







Specialty	Sub-specialty	medic 10 • medic
704 Accident and Emergency	706 A & E Resuscitation	
Pathway		
Select pathway		
Select pathway		
Adult advanced life support (x182)		
Adult basic life support (x183)		
Adult choking (x184)		
Head injury (x185)		
Peri arrest - Atrial fibrillation (x186)		
Peri arrest - Bradycardia (x187)		
Peri arrest - Broad complex tachycardia (x188)		
Peri arrest - Narrow complex tachycardia (x189)		
Adult anaphylactic reaction (x190)		

Figure 7a

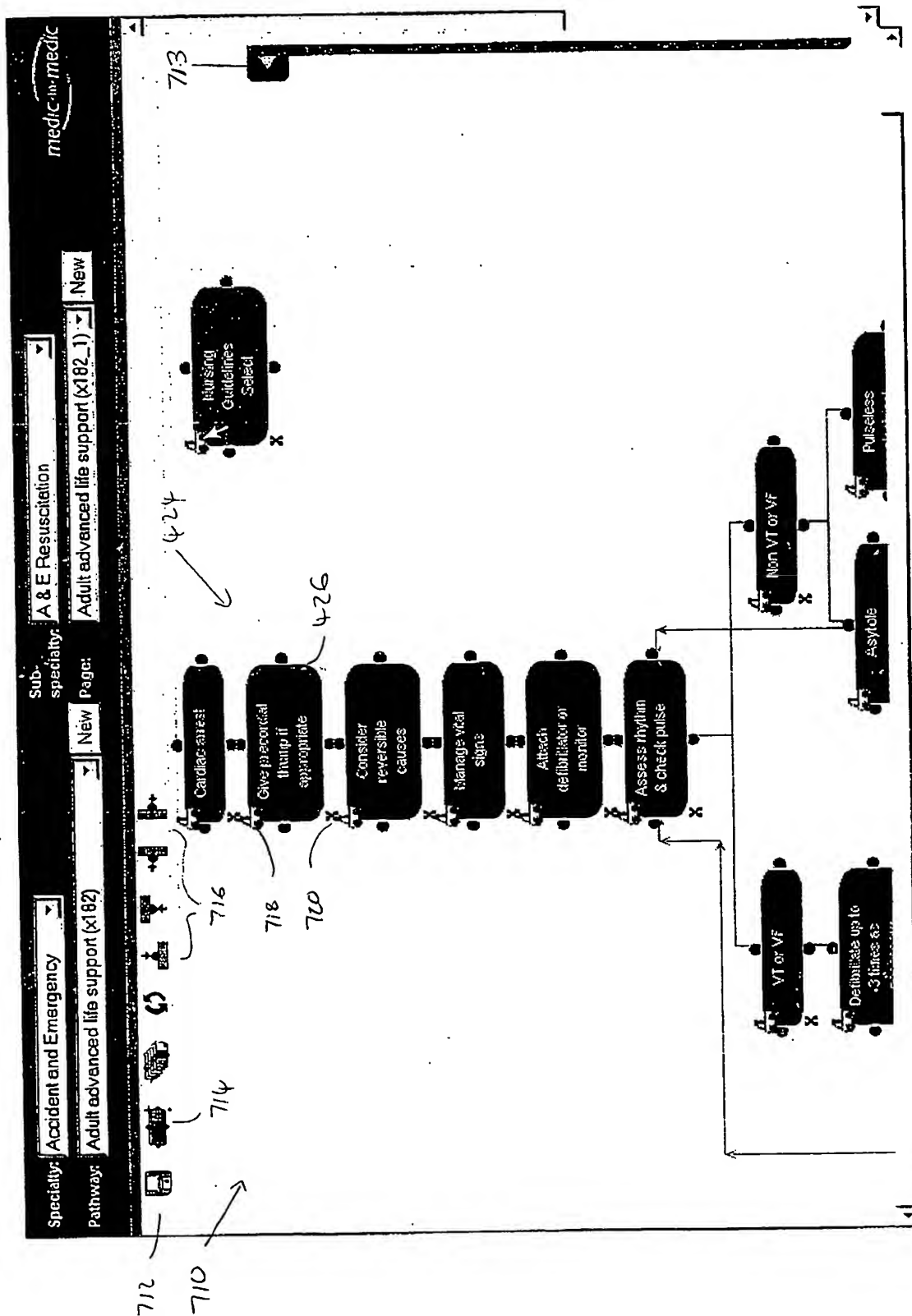


Figure 7b

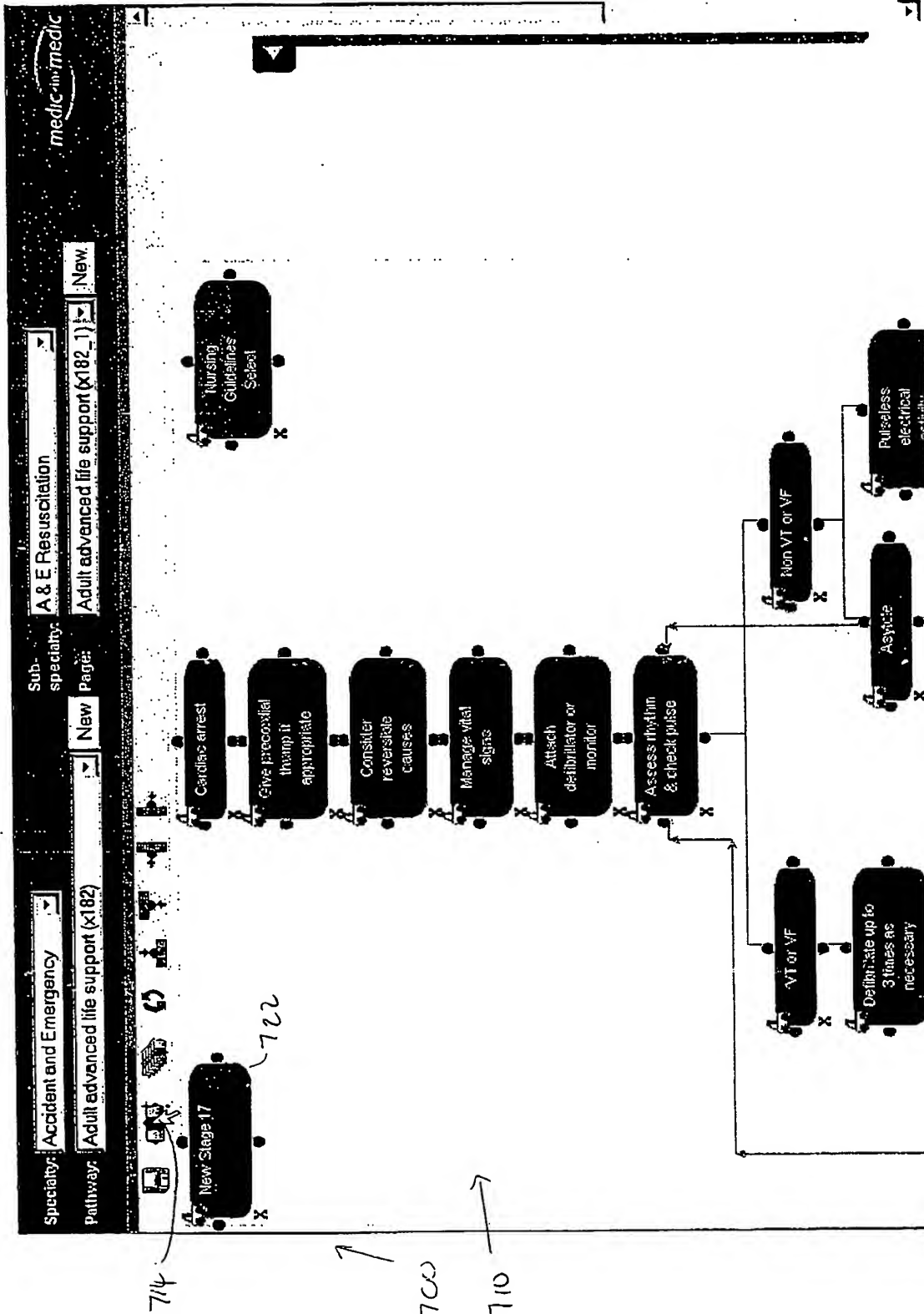


Figure 7c

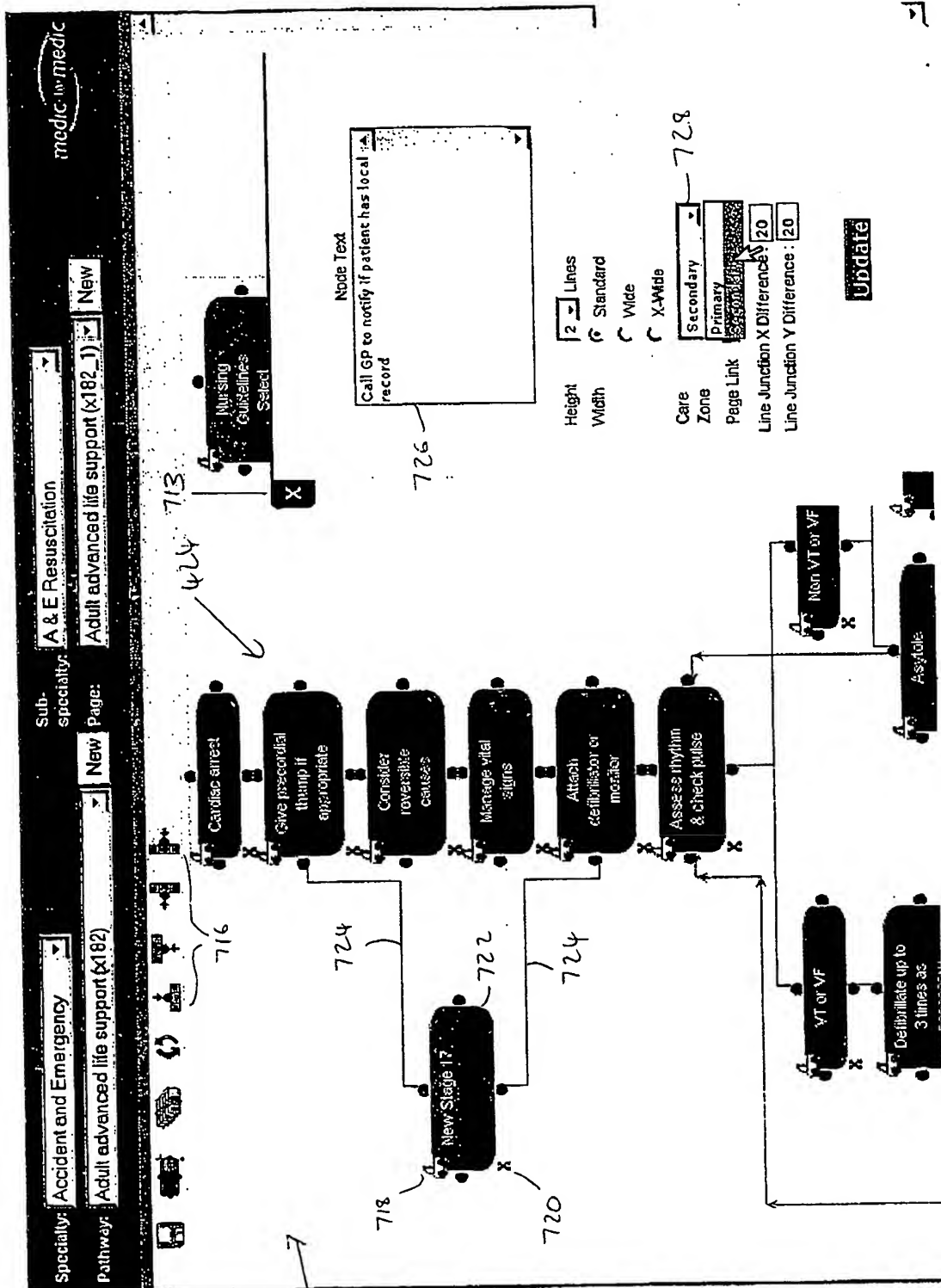


Figure 7d

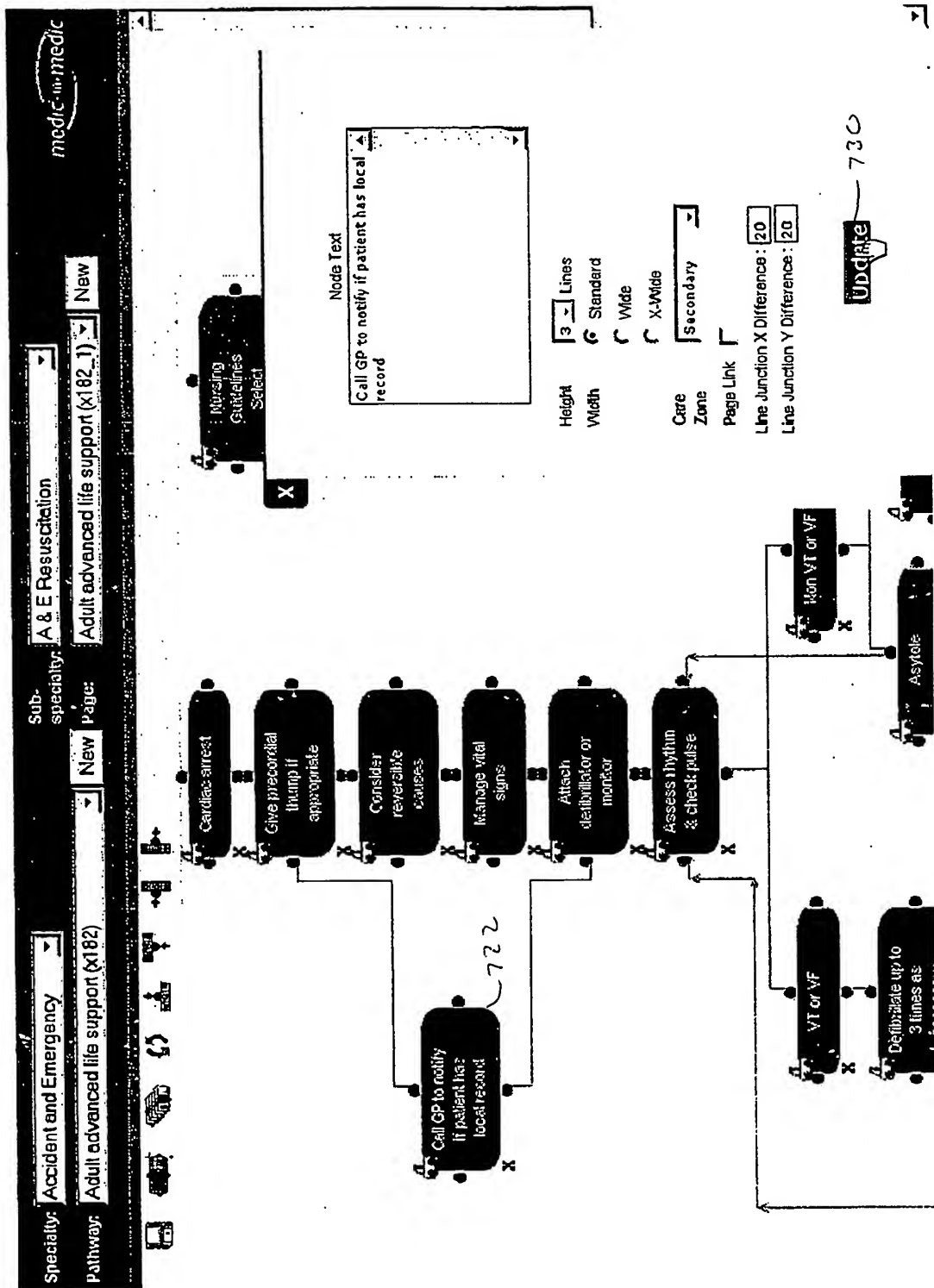


Figure 7e



[illegible]

Figure 8b





Specialty: Accident and Emergency

Sub-specialty: A & E Resuscitation

Pages: 1

medic mobile

Pathways: Adult advanced life support (x182\_1)

Adult advanced life support (x182\_1)

Update

Current Node: Further considerations during CPR (1) | Page Link: None | Referral: 1

Long Info

Short Info

Admin Guidance

Adult advanced life support (x182\_1)

Further considerations during CPR (1)\*

CPR for 2 minutes (1)

minutes if immediately after defibrillation (2)\*

Pulseless electrical activity (3)\*

Astoria (4)\*

Further considerations during CPR (5)\*

CPR for 1 minute (6)

Defibrillate up to 3 times as necessary (7)\*

Non VF or VF (8)

VF or VF (9)

Assess rhythm & check pulse (10)

Attach defibrillator or monitor (11)

Manage vital signs (12)

Give precordial thump if

Edit Page

Save

Preview Saved Version

Add New Group

Group 1:

During CPR:

point 1:

Del

- get expert help
- correct reversible causes

codes for point 1:

SNOMED CT 373348000, SNOMED CT 314981002

End Group 1:

Add New Point | Del

Group 2:

Add New Point | Del

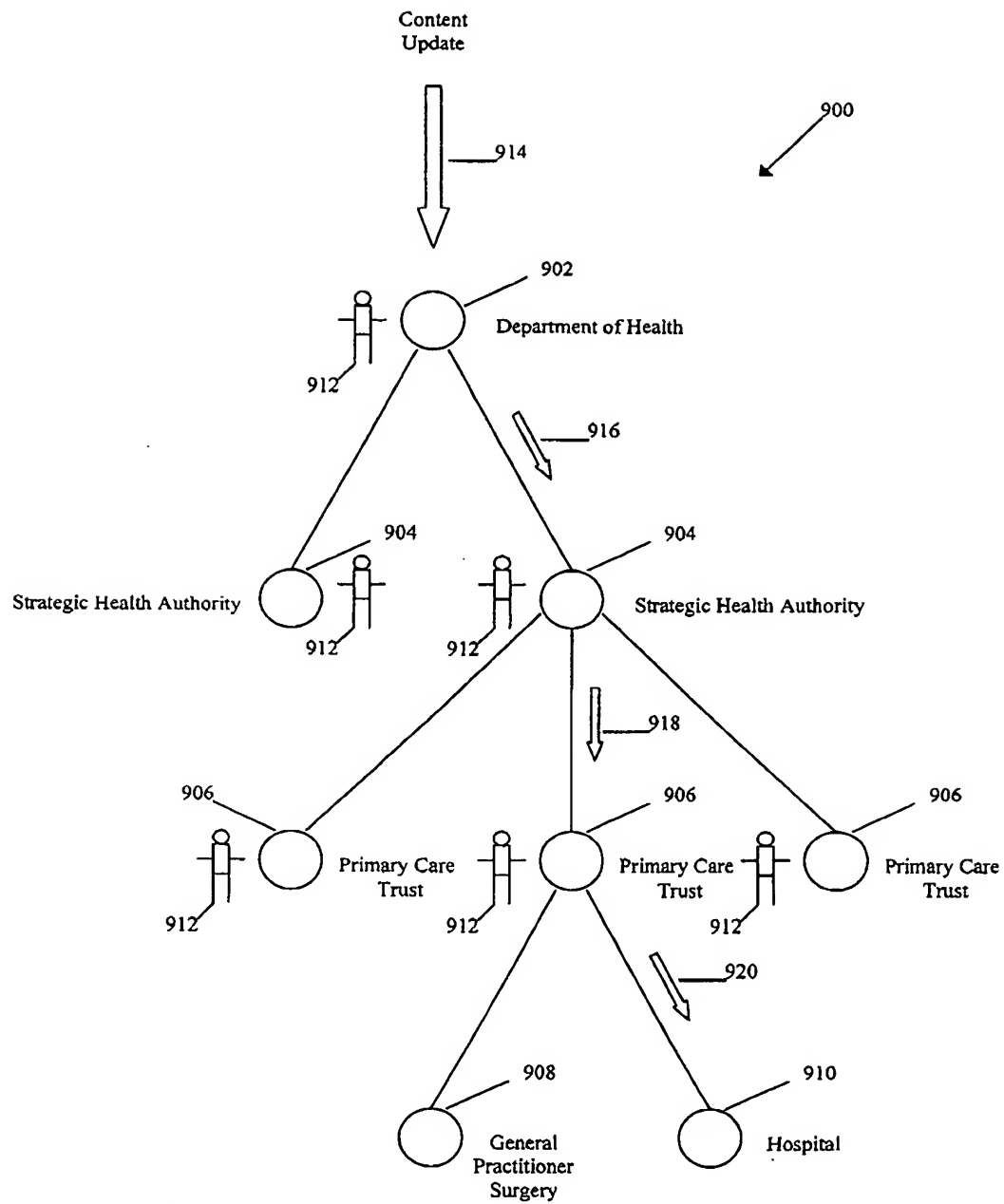
point 1:

Del

- check electrodes, paddle positions and contact
- attempt or verify:
  - airway and oxygen saturation
  - intravenous access
  - give epinephrine every three minutes:
    - 1 mg intravenously or 2-3 mg via the tracheal tube
    - epinephrine given by the tracheal route should be diluted to at least 10 ml with sterile water
- considerations:
  - amiodarone 300 mg (made)
  - amiodarone 300 mg (made)

Figure 8d.





**Figure 9**

Figure 10

